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SECTION I

A PROFILE OF MARYLAND'S CHILDREN IN OUT-OF-HOME PLACEMENT

FEDERAL CHILD WELFARE MEASURES AND OUTCOMES

The Adoption and Safe Families Act of 1997 (ASFA) attempts to strengthen the child welfare system's response and responsibilities in ensuring safety, permanence, and well-being for children in out-of-home placement. The major goal of the law is to encourage states to place children expeditiously in safe and permanent homes.

New federal child welfare performance standards were published in August 2001 to assess states' compliance with ASFA's standards. Exhibit I shows Maryland's child welfare outcomes for FY 2001 related to permanency. Pages 3 –16 display data used to determine Maryland's outcomes as well as other case related factors that influence children being placed expeditiously in safe permanent homes.

Exhibit I
Federal Child Welfare Outcomes for Fiscal Year 2001

Federal Child Welfare Measures and Outcomes	National Standard	National ³ Outcomes	Maryland's Outcomes ⁴
Percent of children in out-of-home placement who were re-united with parents of relatives within 12 months of entry	76.2%	63.1%	62.8%
Percent of children exiting foster care through adoption who did so within 24 months of entry.	32.0%	19.7%	12.5%
Percent of children re-entering out-of-home placement within 12 months of a prior episode	8.6%	11.1%	11.9%

<u>In the Child Welfare Outcomes 1998: Annual Report</u>, several guiding principles were established to assess the outcomes, including these key points:⁵

- Child welfare outcomes cannot be linked exclusively to the operations of the child welfare agency. Other state, local, and community systems such as mental health (including substance abuse treatment) and legal systems will affect outcomes. A comprehensive approach must be used to address the complex issues related to improving safety, wellbeing and permanency for children; and
- Differences in the state and local jurisdictions' population, economy, and resources may influence child welfare outcomes and make it difficult to compare outcomes equitably.

These key points provide a framework for reviewing child welfare outcomes in Maryland. The 24 jurisdictions are acknowledged in both their <u>differences</u> and similarities.

Annual Report,

¹ US. Department of Health and Human Services, Administration on Children, Youth, and Families, "Updated National Standards for the Child and Family Service Reviews and Guidance on Program Improvement Plans, August 16, 2001.

² There are six federal measures. The remaining three, not discussed in this report, refer to recurrence of maltreatment, incidence of child abuse and/or neglect in foster care, and stability of foster care placements.

³ National data are from the Social Services Administration's December 21, 2001 report to Maryland's Department of Legislative Services.

⁴ Case flow statistics come from the CRBC database, which is fed by reports from LDSS to the DHR mainframe. Casework staff update and correct the databases, therefore, statistics for any given time period are continually subject to revision.

⁵ Us. Department of Health and Human Services, Administration for Children and Family, Child Welfare Outcomes 1998:

PROFLE OF MARYLAND

According to the 2000 census reports, Maryland is the 19th most populous state in the nation. Maryland's 24 jurisdictions are diverse in population trends and characteristics as shown in Exhibit II.

Exhibit II

Profile of Maryland's Population by Jurisdictions as of June 30, 2000

Jurisdiction	Population	% Change from 1990	% of Pop. Under 18	% Children below Poverty ⁶	Racial/Ethnic Composition				
					% African	% •	%	%	%
Allogony	74,930	0.0	20.6	24.2	American 5.3	Asian .5	Caucasian 93	Other 1.2	Hispanic ⁷ .8
Allegany Anne Arundel	489,656	14.6	25.2	9.7	13.6	2.3	81.2	2.9	.6 2.6
Baltimore	754,292	9.0	23.6	12.8	20.1	3.2	74.4	2.3	1.8
Calvert	74,563	45.1	29.6	10.4	13.1	.9	83.9	2.3	1.5
Caroline	29,772	10.1	26.8	20.4	14.8	.5	81.7	3.0	2.7
Carroll	150,897	22.3	27.7	7.2	2.3	.3 .8	95.7	1.2	1.0
Cecil	85,951	20.5	27.7	14.2	3.9	.7	93.4	2.0	1.5
Charles	120,546	19.2	28.7	12.2	26.1	1.8	68.5	3.6	2.3
Dorchester	30,674	1.4	23.3	25.3	28.4	.7	69.4	1.5	1.3
Frederick	195,277	30.0	27.6	8.6	6.4	1.7	89.3	2.6	2.4
Garrett	29,846	6.1	25.1	24.2	.4	.2	98.8	.6	.4
Harford	218,590	20.0	27.9	9.6	9.3	1.5	86.8	2.4	1.9
Howard	247.842	32.3	28.1	6.6	14.4	7.7	74.3	3.6	3.0
Kent	19,197	7.6	20.8	17.1	17.4	.5	79.6	2.5	2.8
Montgomery	873,341	14.5	25.4	8.8	15.1	11.3	64.8	8.8	11.5
Prince George's	801,515	10.9	26.8	15.1	62.7	3.9	27.0	6.4	7.1
Queen Anne's	40,563	19.5	25.4	11.3	8.8	.6	89.0	1.6	1.1
St. Mary's	86,211	13.5	27.9	13.2	13.9	1.8	81.6	2.7	2.0
Somerset	24,747	5.6	18.5	29.1	41.1	.5	56.4	2.0	1.3
Talbot	33,812	10.7	21.7	16.7	15.4	.8	82.0	1.8	1.8
Washington	131.923	8.7	23.4	15.7	7.8	.8	89.7	1.7	1.2
Wicomico	84,644	13.9	24.8	21.6	23.3	1.7	72.6	2.4	2.2
Worcester	46,543	32.9	20.5	21.8	16.7	.6	81.2	1.5	1.3
Baltimore City	651,154	-11.0	24.8	34.4	64.3	1.5	31.6	2.6	1.7
Maryland	5,296,486	10.8	25.6	14.9	27.9	4.0	64.0	4.1	4.3

Source: U.S. Census Bureau, 2000 Census Report

Jurisdictions listed in bold had the highest percentage of growth in population between 1990 and 2000; jurisdictions in italic had the least growth or declined in population.

The four most populous jurisdictions are Prince George's, Montgomery, and Baltimore counties, and Baltimore City. Jointly these jurisdictions have about:

- 59% of Maryland's population;
- 59% of the under 18 population; and
- 79% of the African-American population

Baltimore City had the highest percentage of children living below poverty; Howard County had the lowest percentage of children living below poverty.

_

⁶ 1997 model-based estimate

⁷ In the Census reports, Hispanics may be of any race and are included in applicable race categories.

MARYLAND'S OUT-OF-HOME PLACEMENT POPULATION

Out-of-home placement is "the placement of a child into foster care, kinship care, group care, or residential treatment". Data on children in out-of-home placement on the last day of the fiscal year (June 30th) for 1991, 2000, and 2001, show Maryland has experienced dramatic change over the last ten years including:

- doubling of the out-of-home placement population;
- aging of the population; and
- growth in the percentage of African-American children in care, children in sibling groups, and children with parental substance abuse as a case factor.

Exhibit III
Profile of Maryland's Out-of-Home Population for
FY 1991, 2000, and 2001

Characteristics	1991	2000	2001	% Change 1991-2001	% Change 2000-2001			
# of children	6,780	12,648	12,432	83%	-2%			
% Male	51%	52%	52%					
%-Female	49%	48%	48%					
% African-American (non-Hispanic)	67%	77%	76%	109%	-2%			
% White (non-Hispanic)	31%	20%	20%	20%	1%			
% Hispanic ⁹	1%	1%	1%	70%	1%			
% under 5 years of age	41%	39%	39%	76%	-1%			
% between 5-11years of age	34%	40%	40%	111%	-3%			
% between 12-18 years of age	25%	20%	20%	54%	0%			
% of children in sibling group	35%	54%	54%	188%	-1%			
% with parental substance abuse as	74%	71%	69%	599%	0%			
case factor ¹⁰								

Child neglect due to parental substance abuse is the primary reason for the out-of-home population doubling during the 1990's. These children remain in out-of-home placement longer. They also have more siblings in care ¹¹

The growth in the percentage of African-American children in care may be a reflection of growth in the out-of-home placement population for the largest four jurisdictions especially Baltimore City.

⁹ In MD, DHR uses Hispanic as a separate racial category in contrast to the approach used in the census.

⁸ Family Law Article Section 5-501(m)

Children with no identified parental factors are excluded in Exhibit III and IV. It is assumed that complete absence of parental factors constitutes failure to report data rather than an absence of such factors.
 U.S. Department of Health and Human Services, *Blending Perspectives and Building Common Ground, A Report to*

¹¹ U.S. Department of Health and Human Services, *Blending Perspectives and Building Common Ground, A Report to Congress on Substance Abuse and Child Protection*, p. ix-x.

ENTRY ACTIVITY INTO OUT-OF-HOME PLACEMENT

CRBC defines entries into out-of-home placement as the beginning of any episode including when the child remained in care for one day. 12 Both first-time and re-entries are considered. Exhibit IV tracks entries for the three target years.

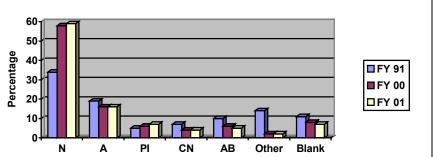
> **Exhibit IV** Profile of Out-of-Home Placement Entries for FY 1991, 2000, and 2001

Characteristics	1991	2000	2001	% Change 1991-2001	% Change 2000-2001
# of Entries	4,086	4,335	4,106	-0%	-5%
% Male %-Female	48% 52%	50% 50%	47% 53%		
% African-American (non-Hispanic)% White (non-Hispanic)% Hispanic	66% 31% 1.5%	68% 28% 1%	68% 27% 1.5%	4% -12% -2%	6% -7% -8%
% under 5 years of age % between 5-11 years of age % between 12-18 years of age	41% 32% 27%	37% 34% 28%	38% 31% 31%	-7% -1% 14%	-4% 13% 4%
% of children in sibling group	30%	43%	37%	27%	-17%
% with parental substance abuse as a case factor	77%	59%	54%	326%	-13%

Exhibits III and IV reflect growth in the percentage of sibling groups and prevalence of parental substance abuse. The entry population continues to age.

During FY 01, 63% of African- American children and 53% of Caucasian children entered placement for neglect; 13% percent of African-American children and 21% of Caucasian children entered for abuse.

Exhibit V Primary Reasons Children Entered Care during FY 91, FY 00, and FY 01



Abbreviations

N - neglect

A – abuse including physical and sexual abuse

PI - parental illness

CN - child's special needs

Including behavior problems

AB - abandonment

Other - includes death or

Incarceration of parent or caregiver

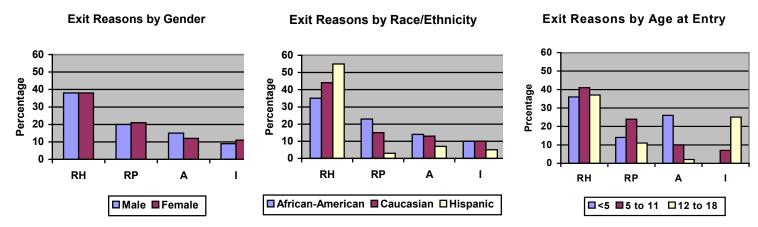
Exhibit V illustrates that neglect is consistently the primary documented reason children entered out-of-home placement followed by abuse and abandonment. After a child enters care, additional information may reveal that the child was subjected to other forms of child abuse and neglect.

¹² SSA does not include one day episodes or disrupted aftercare in its count of entries. This will result CRBC having a higher number of entries than SSA.

EXIT ACTIVITY FROM OUT-OF-HOME PLACEMENT

By law, the highest priority for permanency planning is return home (RH) followed by relative placement (RP), adoption (A), and independence (I). During FY 01, 4,323 children exited placement; 4,238 exited during FY 00; and 3,175 in FY 91. The percentage of children returned home has remained relatively stable over the last ten years with 42% in FY 01, 43% for FY 00, and 45% for FY 91. Relative placement is the second major closing reason with 24% in FY 01, and 23% in FY 00. When reviewing FY 01 exit data by the children's gender, race/ethnicity, and age of entry, returned home consistently remains the primary closing reason.

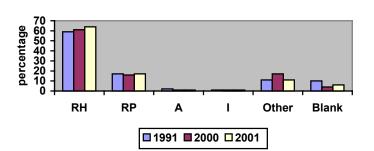
Exhibit VI FY 01 Exit Reasons by Gender, Race/Ethnicity, and Age at Entry



Returned Home as Exit Reason

One reason for the consistent higher percentage of exits to home is that 1 out of 3 children will exit placement within 6 months of entry. These children will have a higher likelihood of being reunited with family (parents or relatives) than children who had a longer length of stay.

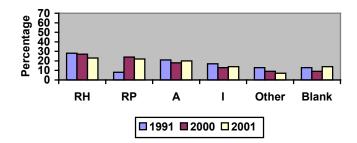
Exhibit VII
Case Closing Reasons by Length of Stay for FY 91, FY 00, and FY 01



Exit Reasons for Children in Out-of-Home Placement for

6-Months or Less

Exit Reasons for Children in Out-of-Home Placement for More than 6-Months



The average length of stay for children who were returned home or placed with relatives was 14 months during FY 01, 16 months for FY 00, and 7 months for FY 91.

¹³ Other closing reasons include guardian supports child under 18, runaway, and transferred to another jurisdiction.

Adoption as Exit Reason

Exhibit VI shows that children who enter care under 5 years of age are the most likely to be adopted. In FY 01, local departments of social services (LDSS) surpassed the Social Services Administration's (SSA) annual goal of finalizing 800 adoptions with 852 adoptions; an increase of 161adoptions over the previous year. Baltimore was responsible for 60% 0f the FY 01 adoptions. SSA has implemented many initiatives to support achievement of its adoption goal as presented in its 2001 Annual Report. The annual adoption goal represents less than 66% of the 1,286 children legally free at the end of FY 01.¹⁴

The lengthy adoption process continues to contribute to extended lengths of time in care. Significant delays are caused by: granting continuances during the termination of the parental rights (TPR) process, need for more lawyers and judges to process TPRs, lengthy adoptive home approval process, and need for more adoptive homes for special needs and older children. Timelines to finalize adoptions for FY 01 exits are displayed in Exhibit VIII.

Exhibit VIII

Number of Months to Complete Adoption Process for FY 01 Exits

Process	•		
	Baltimore City	Baltimore County	Other
		Montgomery County	Counties
		Prince George's County	
Establish plan of adoption	33	19	20
File TPR ¹⁵	3	5	6
Obtain TPR	13	8	10
Final Adoption	60	42	44

Relationship of Time in Care and Achieving Permanence

Time in care is a critical determinant of a child's potential to be placed in a permanent home. The potential for permanence declines over time as illustrated for children who entered care during 1997-2000. If children do not achieve permanence within 12 months they may remain in care for at least three years.

Exhibit IX Impact of Time in Placement on Achieving Permanence

impact of time in the desired the time time to the desired							
Time to Achieve Permanence	Year Entered Care						
	1997	1998	1999	2000			
Within 12 monthsWithin 24 monthsWithin 36 months	37% 16% 12%	43% 15% 10%	43% 14% 11%*	46%* 18* 11*			
Percent not leaving within 36 months	35%	32%	32%*	25*			

^{*}Based on Estimates

Children living with relatives may significantly influence the percent of children who remain in care for at least 36 months. In FY 01, 19% of children in care were placed with relatives through the State's Kinship Care Program. Kinship care providers may be unable to meet the more demanding requirements of the adoptive approval process or may be resistant to adopt. Since adoption by a non-relative is usually considered unacceptable, these children often remain in the homes of relatives without any possibility for legal permanency.

¹⁴ Maryland Department of Human Resources, Monthly Management Report, June 2001, p. 41

¹⁵This data field includes only children within the CRBC review population.

RE-ENTRIES INTO OUT-OF-HOME PLACEMENT

Re-entries are a subset of the total population that entered out-of-home placement in a given period. This activity can serve as an important measure on the effectiveness of permanency planning and aftercare services.

CRBC tracks the percentage of children who re-enter placement within one year of leaving placement. SSA uses a federally mandated measure to report on re-entry rates.

Exhibit X – Methods of Measuring Re-entry

Agency	Method	Description	Advantages/Disadvantages	Re-entry Rates				
				1998	1999	2000	2001	
CRBC	Perspective	Percentage of children who exit in a specific year who re-enter placement within one year.	Gives a clear picture of probability that re-entry will occur. Based on child's experience of when placement ends.	17.9%	12.5%	10.5%	9.8%	
SSA/Fed. ¹⁶	Retrospective	Percentage of children entering who had a prior episode within the previous 12 months.	Variations in first-time entrants can cloud the picture. Based on case closing date, which does not correspond with the child's life experience.	17.3%	18.6%	8.2%	10.1%	

It is worth noting that of the 1, 028 children who re-entered care during FY 01, 23% were reentering with 2 or more prior episodes. This count includes children whose prior episode may have been more than a year before the re-entry date.

Parental Substance Abuse and Re-entry

Exhibit III and IV show parental substance abuse is a major case factor for children in out-of-home placement. Recovery from substance abuse is a long-term process that usually involves relapses and could require children to re-enter care. There may be some incompatibility between the parents' recovery process, children returning home within 12 months of entering, and not re-entering within 12 months of the exit. The incongruity of these three activities may be intensified and unable to be resolved without resources such as:

- residential treatment where women can stay with their children;
- on-going training for the community of child welfare providers in working collaboratively to assist families that have a substance abuse history; and
- counseling for children of substance abusers. The influence of their parent's substance abusing lifestyle may result in behaviors that prevent being placed and remaining in a permanent home.

METHODS TO MEASURE LENGTH OF STAY

CRBC and SSA also use different criteria to measure length of stay for children in out-of-home placement during a reporting period. Exhibit XI illustrates that the reported length of stay is influenced by the measurement used and the children included in the report.

¹⁶ Social Services Administration, 2001 Annual Report, p. 22.

Exhibit XI

Methods CRBC and SSA use to Calculate Length of Stay

Agency	Method	Description	Advantages/Disadvantages		ath of St	tay By Mo	onths
J ,			,	1998	1999	2000	2001
CRBC	Actual Average Length of Stay (AALS)	Measures how long children who left placement during a specified period had been in out-of-home placement.	Can provide an overly optimistic perspective if a large percentage of children exiting in a given year have had short-term stays in out-of-home placement. This method does not consider children who are currently in care and may have been in care for a long period.	24	24	25	26
CRBC	Projected Average Length of Stay (PALS)	Equals the average daily population during the reporting period divided by the number of exits during the reporting period.	Includes all children who were in out-of- placement for the reporting period and is less affected by the 1/3 of the population who stay 6 months or less as with AALS. It is the only measurement that considers all children that were in out-of-home placement during a specified reporting period.	34	37	36	35
SSA ¹⁷	Point in Time Method using the Mean/Median	Measures how long children who are in out-of-home placement on the last day of the fiscal year have been in care using mean/median	In both methods, the experience of children with short stays is under-valued and totally excludes children who exited during the period. Using median over-represents children who have been in care for a long period.	37.6	40.4	43.3	46.2
SSA ¹⁸	First Entry Cohort Method using the Median	Follows a group of children who enter placement until half have exited.	Ignores children re-entering placement. May take many years of tracking a cohort to get complete picture of length of stay.	17.9	19.1	18.8 ¹⁹	20
CRBC	Cohort (permanency)	Percentage of children who exit placement within 12 months, 24 months, or 36 months.	Provides a very clear picture of how long children are in the system, but it takes years to track results.		See E	xhibit IX	
CRBC SSA	Closing Reasons (permanency)	Percentage of children whose closing reasons are reunification, relative placement, or adoption ²¹ .	Gives a picture of the extent to which permanency is achieved; however, it is driven by long-term trends. The picture may be heavily influenced by events that occurred 10 – 15 years prior to the measurement year.		71.5%	76.8%	80.6%
SSA/ ²² Fed.	Early permanence	Percentage of children returned or placed with relatives who remain in placement 12 months or less.	Measures timely achievement of permanency goal; however it creates a disincentive for reunification for children who remain longer than 12 months.	NA	NA	58%	57%
SSA/ ²³ Fed.	Early permanence	Percentage of children adopted who remain in placement 24 months or less.	Measures timely achievement of permanency goal; however it creates a disincentive for adoption for children who remain longer than 24 months.				

SSA's Annual Report to the Office of Legislative Services, December 2001, p. 1
 IBID
 60.8% of children are still in out-of-home placement 12 months after entering
 FY 01 data are not available because enough time had not elapsed to measure 50% of the population.
 SSA includes children who have been placed for adoption, CRBC only includes children who have been adopted
 SSA's 2001 Annual Report, p. 22
 IBID

CASE FLOW BY JURISDICTION

Jurisdictions differ vastly in regards to entries, exits, re-entries and actual and projected lengths of stay.

Exhibit XII
Case Flow Statistics for July 1, 2000 – June 30, 2001

Jurisdiction		ies, Exits and To		Length o	Length of Stay for		
1	" -	" (0) ":	,, ,	" -		01	for FY 01
Jurisdiction	# of Children on 7/1/00	# of Children who Entered Placement During FY01	# of Exits During FY01	# of Children on 6/30/01	FY 01 PALS (months)	FY 01 AALS (months)	% of Entries during FY 01 who entered within 12 months of leaving
Allegany	134	53	65	123	24	14	17.1%
Anne Arundel	212	101	69	244	39	40	12.5%
Baltimore County	641	358	320	679	25	20	11.5
Calvert	58	32	28	62	28	14	14.0
Caroline	27	18	9	36	37	5	14.3
Carroll	91	41	35	97	33	17	6.5
Cecil	112	41	55	98	23	16	3.4
Charles	97	52	25	124	55	24	9.5
Dorchester	63	32	26	69	28	12	0.0
Frederick	171	150	119	202	21	11	13.6
Garrett	62	35	25	72	30	27	15.6
Harford	246	133	137	242	21	18	12.7
Howard	113	58	40	131	38	22	8.3
Kent	9	7	4	12	33	6	0.0
Montgomery	691	217	212	696	40	20	13.0
Prince George's	793	247	234	806	40	29	6.2
Queen Anne's	28	12	10	30	35	12	0.0
St. Mary's	78	24	25	77	38	31	17.8
Somerset	54	22	18	58	34	31	14.3
Talbot	34	16	9	41	50	28	26.7
Washington	216	148	132	232	28	13	13.1
Wicomico	140	58	32	166	59	12	17.1
Worcester	46	21	21	46	28	12	4.5
Baltimore City	8532	2231	2673	8090	38	30	9.0
State-wide	12648	4107	4323	12432	35	26	9.8

RELATIONSHIP OF THE JURISDICTION'S SIZE AND CASE FLOW

The influence of the four most populous jurisdictions on the out-of-home placement system (especially Baltimore City with a 132%% increase in a ten-year period) is demonstrated in Exhibit XIII.

Exhibit XIII

Case Flow Statistics for Maryland's Four Most Populated Jurisdictions
for July 1, 2000 – June 30, 2001

.o. o, ., = o.o. o = o.o.									
Jurisdiction	% of State's under 18 Population on 6/30/00	% of State's Cases on 7/1/00	% of State's Entries for Fiscal 2001	% of State's Exits during 2001	% of State's cases as of June 30, 2001				
Baltimore County	13.5%	5%	9%	7%	5%				
Montgomery County	15.85%	5%	5%	5%	6%				
Prince George's County	17.48%	6%	6%	5%	6%				
Baltimore City	11.82%	67%	54%	62%	65%				
Total	58.65	83%	74%	79%	82%				

When reviewing the projected and average lengths of stay, smaller jurisdictions show a greater gap between the AALS and the PALS than the four largest jurisdictions. Smaller jurisdictions are more affected than larger jurisdictions by factors such as a few children or a large sibling group that have very short or very long lengths of stay.

Exhibit XIV

Comparison of the Actual and Projected Lengths of Stay for the Four Largest and Four Smallest Jurisdictions

Largest Jurisdictions				Smallest Jurisdictions			
Jurisdiction	Caseload	Exits	Difference between AALS and PALS	Jurisdiction	Caseload	Exits	Difference between AALS and PALS
Baltimore	680	317	5	Kent	12	4	27 months
Montgomery	703	205	10	Queen Anne's	30	10	23 months
Prince George's	809	230	11	Caroline	39	7	32 months
Baltimore City	8258	2567	8	Talbot	41	9	22 months
Average months			8.5				26 months

Because a large number of children in the population (especially those living with relatives) have spent many years in care and because these children have a low exit rate, it is clear that AALS will increase for several years to come as these children begin to age out of the placement system especially for jurisdictions with a large percentage of children in kinship care. This will likely occur even if permanency planning performance continues to improve.

ADDITIONAL FACTORS THAT AFFECT CASE FLOW

Child protection practices

The 2000 Child Protection Annual Report issued jointly by CRBC and the State Council on Child Abuse and Neglect (SCCAN) included the results of a questionnaire completed by 10 jurisdictions that described their local child protection systems. The report highlighted the fact that community resources and local child protection practices (including training of child welfare personnel to recognize, report, and investigate child abuse and neglect (CAN) allegations) will greatly impact on whether a child is referred to out-of-home placement.

Coordination Between Child Welfare Providers

- There is a growing number of sibling groups in out-of-home placement as shown in Exhibits III and IV. This will necessitate intense casework coordination if multiple childcare workers are assigned and could influence length of stay and achievement of permanency plans.
- Multiple agencies are needed to collaboratively plan, fund, and deliver services to promote
 child well-being and the achievement of safe and permanent homes. This should include
 representatives from health (physical and mental), education, social services, and
 employment. Failure to coordinate may mean that children and their families are denied
 in-home or community-based services and that problems fester until out-of-home
 placement with concomitant loss of legal custody by the parents is required or
 extended.

Case Documentation

As of March 2001, there was a shortage of 218 casework and supervisory positions to meet the Child Welfare League of America's recommended 15:1 caseload to staff ratio.²⁴ High caseloads also impact the ability to complete timely and accurate data management activities of which most are completed manually.

- Omissions and errors in data entry result in underreporting statistics on activities such as administrative reviews and adoptions that may have serious consequences on achieving permanency as well as financial cost and loss to the State.
- Data omissions in exit activities will increase the length of stay and the DSS caseload since a closed case will be counted as active.
- The use of categories such as "other" or "blank" appear to be decreasing. However, there continued use limits analysis needed for individual case and system planning.

Community Resources

Communities differ vastly in both needs and available resources to address child welfare problems. Federal demonstration projects, SSA initiatives, government funding, and other services provided through private organizations will influence child welfare outcomes. State agencies should coordinate through the Office for Children, Youth, and Families to increase community-based resources that provide alternatives to residential treatment.

²⁴ The 15:1 ratio refers to the number of families that at caseworker has and not the number of children.

ADMINISTRATIVE REVIEWS FOR MARYLAND'S CHILDREN IN OUT -OF -HOME PLACMENT

Exhibit XV Overview of Citizen Review Process

ADMINISTRATIVE REVIEWS

Title IVB-Social Security Act section 422(b) (10)(ii) requires children in out-of- home placement to have an administrative review every six months. This may be achieved through a court review, a citizen review, or a panel review (conducted by LDSS). Failure to document the review will result in a state receiving a financial penalty.

As of June 30,2001, timely administrative reviews were documented for 81.8% of children in care which is a 12% increase over June 30, 2000. Baltimore City DSS engaged in a project with CRBC to document court reviews that contributed greatly to the increase.

Significant problems still remain in this area including failure of some LDSS to enter accurate and timely data on court and panel reviews.

COMPLIANCE WITH REQUIREMENTS OF THE CITZEN REVIEW

PROCESS Jurisdictions are required by Code of Maryland Regulations 07.06.01 (COMAR) to submit case plans within 3 weeks of a scheduled review, make verbal presentations at the review, and respond in writing to the recommendations and findings from the review within 10 working days of receiving the report from CRBC.

Calvert, Carroll, Harford, Washington, and Worcester counties demonstrated excellent compliance with the submission of timely case material.

Jurisdictions demonstrated excellent compliance with making verbal presentations at the reviews, with the exception of Baltimore City.

OVERVIEW OF THE CITIZEN REVIEW PROCESS

Interested Persons including child's caseworker, biological and foster families are invited to the review. They provide additional information and opinions regarding the child's current and proposed living arrangement. Educational and health providers, and the child if over ten may be invited to the initial review and subsequent reviews when the case plan changes. Siblings are reviewed together to ensure continuity and coordination of services since there may be multiple caseworkers and services providers.

21% of the reviews were attended by at an Interested Party other than the case worker.

After the discussion, the Board makes findings and recommendations related to the child's permanency plan, current living situation, and safety. A Staff Assistant, who is an employee of CRBC, advises the Board on laws, policies, and procedures and provides technical assistance including recording the votes and findings.

A summary of the findings and the recommendations is mailed to parents, LDSS, the juvenile court, and caregivers, ideally within 3 weeks after the review is held.

CRBC mailed about 21,000 letters to Interested Parties (an average of 2.5 letters per child reviewed).

SUMMARY OF FINDINGS AND RECOMMENDATIONS MADE DURING THE CITIZEN REVIEW PROCESS

The following findings represent the 8,336 citizen reviews that were conducted (a 12% increase over FY 00) and not the status of all children in Maryland's out-of-home system. In rare instances, a child may have had a citizen review more than once in a year.

Exhibit XVI Findings and Recommendations made during the Citizen Review Process

Vates taken during the Citizen Deview Process	
Votes taken during the Citizen Review Process	FY 01 Results
Waiver of reunification services is the denial of time-limited services to parents or guardians to assist in returning the children home. The boards must decide if they agree with LDSS' decision to pursue or not to pursue a waiver of reunification services against the mother, father, or both. Generally this finding is made at the first review. The Boards voted on the waiver 4,193 times. The boards found 11 instances in which the waiver had been granted and 1 in which it was pending before court.	The Boards found 132 instances in which the waiver was not utilized and the Boards believed it should have been used.
Termination of parental rights results from a court action terminating parents legal rights and responsibilities and awarding guardianship to LDSS or a child placement agency. Seventy-four percent (74%) or 6,143 cases reviewed qualified for consideration of TPR. The Board may find that there is a compelling reason not to pursue TPR such as the child is with relatives, parents are making progress, or the child is a teenager and does not want to be adopted.	Boards voted not to file for TPR in 63% of the eligible cases.
The Board must consider the <i>safety</i> of the child while living in the out-of-home placement. This includes whether all applicable safety assessments and child protection protocols have been used such as whether DSS has completed an inventory of people living in the home. The Board must also consider whether there are <i>indicators of risk that</i> may include, but are not limited to, parental visits that may subject the child to risk, domestic violence, and/or a household member with a history of violence, child abuse, or child neglect.	Safety protocols were not used in approximately 2% of the reviews. Of these the Board found indicators of risk in 61% cases.
A <i>permanency plan</i> specifies when and with whom the child shall live and the proposed legal relationship between the child and the caregiver(s). Two votes are taken regarding the permanency plan: • The concurrence rate is the percentage of times the reviewers agree with the permanency plan.	See Exhibit XVII
A vote for adequate progress indicates that the responsible agencies acted in a reasonable and timely fashion to promote permanent placement. A responsible agency includes LDSS, the courts, a private child placement agency and medical and educational systems.	

²⁵ For the waiver of reunification services and termination of parental rights, votes may not be taken if 1) the child was 18 years of age or over, 2) the parents were dead, or 3) the parental rights had already been terminated

Exhibit XVII

Summary of Permanency Plans by Concurrence Rates and Adequacy of Progress For Fiscal Years 2000 and 2001

Permanency Plan	July 1, 1999 – June 30, 200			July 1, 2000 – June 30, 2001		
	% of Total Plans	Concurrence Rate	Progress Adequate	% of Total Plans	Concurrence Rate	Progress Adequate
	%			%		
Return Home	22%	77%	83%	23%	80%	85%
Relative Placement	19%	87%	85%	15%	91%	88%
Adoption	27%	96%	86%	27%	98%	86%
Independent Living	16%	99%	96%	14%	99%	97%
Long-term Foster Care	12%	93%	94%	11%	95%	94%
Permanent Foster Care	4%	99%	99%	4%	99%	97%
Guardianship	1%	83%	83%	0%	97%	85%
TOTAL		91%	88%		93%	89%

Both concurrence and progress rates improved slightly. Overall, adequacy of progress (89%) is rated lower than agreement with the permanency plans ((93%). Board members continue to agree less with the permanency plans and adequacy of progress for return home and relative placement and with progress towards adoption.

In 52% of the reviews, the Boards cited that the case worker had more than 20 children on the caseload. This has consistently been a major barrier to progress.

Observation and documentation from the Boards are consistent with data provided in this report.



CRBC'S RECOMMENDATIONS TO IMPROVE OUTCOMES FOR CHILDREN IN OUT-OF-HOME PLACEMENT

Progress Report Recommendations from CRBC's 1999 Annual Report

CRBC's 1999 Annual Report identified factors that impacted case flow such as parental substance abuse, delays in adoption, kinship care case practice, and high DSS caseloads. It concluded with recommendations to improve permanence, safety, and well-being for Maryland's children. The recommendations were updated in the 2000 Annual Report. Pages 20 - 30 of this report also track the progress of the 1999 recommendations. The recommendations remain timely and relevant based on the current child welfare outcomes, progress, and barriers.

An update on the 1999 recommendations is presented in a table format.

- Column 1 "Issues and Recommendations" lists the issues as stated in the 1999 Annual Report.
- Column 2 "Update on 1999's Recommendations" provides a brief summary of progress and barriers towards responding to the recommendations. SSA's 2001 Annual Report and the 2002-2004 Strategic Plan served as major reference points.
- Column 3 "Recommended Follow-up Activities for Fiscal Years 2002 and 2003" has information on upcoming and recommended activities.

CRBC'S 2002 LEGISLAITVE AND POLICY AGENDA

The Children's Legislative Action Committee (CLAC), a committee of CRBC volunteers, makes recommendations to the State Board on major policy issues and supports or opposes legislation that impacts children and their families. Board and panel members also meet with representatives of courts and child welfare programs to discuss initiatives to promote safety, well-being, and permanence for children. The State Board in collaboration with CLAC, Review Board members, staff, and other child welfare advocates has developed its 2002 priorities. Most items were included in the 1999 recommendations and are updated in the following pages.

Exhibit XVIII CRBC Priorities for Fiscal Year 2002

	Priorities	
1.	Integrate child welfare and substance abuse treatment services	Pages 20-21
2.	Continue to implement the Child Welfare Workforce Act of 1998	Page 30
3.	Reform the service delivery system for children, youth, and families to dramatically reduce institutionalization and preserve family integrity	New priority – see page 17
4.	Develop quality assurance methods for child welfare services that incorporate long-term measures	Pages 24, 26
5.	Increase the number of children successfully adopted	Pages 23-24
6.	Provide permanency and adequate services to children in	Dagge 22 22
	kinship care and their caregivers	Pages 22-23

ISSUES AND RECOMMENDATIONS FROM CRBC'S 1999 ANNUAL REPORT

PROGRESS ON 1999 RECOMMENDATIONS THROUGH FEBRUARY 2002

RECOMMENDED FOLLOW-UP ACTIVITIES FOR FY 2002 AND 2003

Darontal	Substance	Ahusa
Parental	Substance	Abuse

Issue: 72% of children entering Maryland's Out-of-Home Placement Program have at least one parent for whom alcohol or drug use is an identified factor contributing to the child's placement

 The Department of Human Resources and the Department of Health and Mental Hygiene should develop a substance abuse treatment policy that implements the following elements of House Bill 7/Senate Bill 671.

In September, the Secretaries of DHR and DHMH completed a Memorandum of Understanding to implement House Bill 7/Senate Bill 671.

DHR and DHMH should develop and widely disseminate an operational policy and procedure statement.

1.1. Training and cross-training for child welfare and substance abuse providers:

Consultation with stakeholders was terminated in the early part of fiscal year 2002 and resumed in mid-January.

Consultation with stakeholders should be an ongoing process.

Training of child welfare staff, addiction specialists at LDSS, and substance abuse treatment personnel has begun. It costs about \$135 per trainee.

After consultation with stakeholders, SSA and Alcohol and Drug Abuse Administration (ADAA) should develop a multi-year plan and budget for training.

1.2. Placement of addictions specialist in all child welfare offices;

DHR and DHMH have a four-year plan to deploy 81 addiction specialists. In the first phase, nine have been hired for Baltimore City and Prince George's County. Procedures are being drafted, including use of FIA addictions specialists for child welfare cases. (However, overlap in the two programs has been very low so far.)

After consultation with stakeholders, ADAA, SSA, and Family Investment Administration (FIA) should widely disseminate a joint statement regarding procedures for child welfare staff, Family Investment Program staff, and addiction specialists.

1.3. Substance abuse assessment for parents and children, including court-ordered assessment and testing when appropriate;

The report to the General Assembly describes a policy for this; however implementation awaits a written policy. DHR plans to issue a policy on circumstances under which a local department will petition the court for assessment and testing by May 30, 2002.

In addition to a clear policy statement, DHR and DHMH should coordinate with the Administrative Office of the Court to promote awareness and uniform interpretation among judges and attorneys.

DHR and DHMH plan to promulgate regulations by June 30, 2003

Efforts should be made to expedite the process of writing regulations.

I	SSUES AND RECOMMENDATIONS FROM CRBC'S 1999 ANNUAL REPORT	PROGRESS ON 1999 RECOMMENDATIONS THROUGH FEBRUARY 2002	RECOMMENDED FOLLOW-UP ACTIVITIES FOR FY 2002 AND 2003
	1.4. Procedures for exchange of information between LDSS and substance abuse providers; and	DHMH established a procedure for notifying child welfare workers of the results of substance abuse screening, assessment and/or testing.	Due to the sensitivity of substance abuse treatment information, very clear written procedures must be promulgated to all concerned.
			DHR and DHMH should work with the Office for Children, Youth, and Families to provide automated support for information sharing among child welfare, substance abusers, and perhaps other appropriate human services workers. Issues of consent to release information and information security should be integral to the system.
	1.5. Greatly increased number of in-patient and intensive out-patient treatment slots tailored to the long-term treatment needs of parents and children.	The fiscal year 2002 budget contains \$4.2 million to train personnel and to create new treatment slots; however \$1.6 million was cut in mid-2002.	The \$1.6 million should be restored in fiscal year 2003. Future budgets should include additional funds up to the \$16 million stated in HB 7/SB 671
2.	DHR and DHMH should work with the higher education community and appropriate state agencies to assure an adequate supply of trained, qualified addictions personnel.		The Secretaries of DHMH and DHR or their designees should work with the community colleges and other appropriate higher education officials to develop a workforce plan for addiction treatment personnel.
led	sue: House Bill 7 and Senate Bill 671 have been	nassed and signed by the Governor	
3.		See 1.5 above.	
<u>o.</u>	purposes of this statute in the FY 2002 budget request.	300 1.0 above.	
4.	The General Assembly should approve the funds and closely monitor progress by the department in developing the required protocol.	Language has been included in the FY 2002 budget requiring a more detailed plan to implement this entire initiative statewide. A report was due on December 15, 2001, but at this writing was not publicly available.	

ISSUES AND RECOMMENDATIONS FROM CRBC'S 1999 ANNUAL REPORT

PROGRESS ON 1999 RECOMMENDATIONS THROUGH FEBRUARY 2002

RECOMMENDED FOLLOW-UP ACTIVITIES FOR FY 2002 AND 2003

Kinship Care

Issue: 40 % of children in out-of-home placement live with relatives, with 90% of the cases in Baltimore City. Length of stay under State supervision for these children tends to be much longer than for children in traditional foster care. While there are many programs and services to promote safety, well-being, and permanency for these children, there is a lack of data to demonstrate whether relatives are aware of and are using these services.

- 5. The Department of Human Resources should evaluate the effectiveness of communication with kinship care providers regarding available services and implement corrective plans as needed. Specifically examine whether the relatives are aware of:
 - 5.1. Their rights and responsibilities as kinship care providers;
 - 5.2. The availability of resources including flex funds and subsidized adoption; and
 - 5.3. The availability of support services such as respite care and the information and referral hotline

During FY 01, SSA conducted focus groups with kinship care givers and case managers. The findings support CRBC's recommendations 5.1–5.3 to evaluate whether kinship care providers have accessible and consistent information. The Kinship Care Multidisciplinary Team developed a strategic plan that will address these and other issues. One objective is to establish by October 2002, a mandatory training program for kinship caregivers with children in State custody. Some additional objectives involve:

- Outreach and training activities for formal and informal kinship care providers;
- Partnerships with State and private child welfare advocates to simplify the process for kinship care providers to receive resources and support including TANF funds:
- Monitoring the Coppin State College Kinship care Resource Center; and
- Developing a Kinship Care Program Manual for local departments.

Include in SSA's 2002 Annual Report and or other published documents progress on the Kinship Care strategic plan. Include in the report results-oriented performance measures.

ISSUES AND RECOMMENDATIONS FROM CRBC'S 1999 ANNUAL REPORT

PROGRESS ON 1999 RECOMMENDATIONS THROUGH FEBRUARY 2002

RECOMMENDED FOLLOW-UP ACTIVITIES FOR FY 2002 AND 2003

6. Issue an interim report to the public on the Subsidized Guardianship waiver program.

The University of Maryland has issued preliminary reports on the Subsidized Guardianship. The availability of guardianship assistance was associated with very significant reductions in length of stay. In addition, children receiving guardianship assistance scored high on a range of measures of well-being such as school attendance, grades, and physical and mental health status.

In its 2001 Annual Report, SSA reports that as of October 2001, guardianship subsidies have been paid on behalf of 252 children; an

The Governor should request, and the federal government should permit, replacement of the experimental program with full implementation. There may be an ethical or legal violation in continuing to deny the control group the benefit of eligibility for guardianship assistance.

Adoption

Issue: While there is an increase in the number of adoptions finalized, there a greater increase in the number of children for whom parental rights have been terminated and a still greater increase in the number of children with permanency plans of adoption.

increase of 92 children over 2000. .

- 7. The Department of Human Resources, the Office of Children, Youth, and Families, the Judiciary and the private sector should develop and implement a "Marshall Plan" in order to counteract the alarming trend for children to remain in long-term care after TPR. The plan should address the following:
 - 7.1. The reasons adoptions take years to move through termination to finalization, including high judicial workloads:

In FY 2001, the upward trend in adoptions accelerated to 852. Maryland was awarded \$515,800 in federal incentive money as a result of the number of adoptions reported in the Adoption and Foster Care Analysis and Reporting System.

Despite substantial encouraging progress, SSA reports that 1,286 children are legally free with a plan of adoption.

One judge in Baltimore City is responsible for over 800 cases, many of which will eventually require trials. The Administrative Office of the Courts has convened an interdisciplinary committee to focus on TPR backlogs in the five largest jurisdictions.

SSA should investigate and report on why the court reports more adoptions than can be documented in FACTS. Improved reporting through FACTS could garner substantial additional federal incentive payments

CRBC recommends that a goal of 1286 adoptions per year should be established.

Chief Judge Bell should request, and the General Assembly should grant, funding for additional judges to handle TPR in selected jurisdictions.

SSA should develop a plan for additional public-

ISSUES AND RECOMMENDATIONS FROM CRBC'S 1999 ANNUAL REPORT

7.2. A greatly enhanced effort to recruit, train,

7.3. The barriers that deter kinship care

and approve families who will adopt the

older and special needs children who are

languishing in the out-of home placement

providers from adopting children in their

PROGRESS ON 1999 RECOMMENDATIONS THROUGH FEBRUARY 2002

Through a partnership between Baltimore

RECOMMENDED FOLLOW-UP ACTIVITIES FOR FY 2002 AND 2003

City DSS, Juvenile Division of the Circuit Court, and Adoptions Together, the Termination of Parental Rights Mediation Program is being implemented in Baltimore City. The goal of this 3-year project is to help expedite the TPR process. Another TPR program is being planned in Prince George's County.

New information indicates that delay in home studies probably deserves as much or more attention than recruitment for adoptive homes. During FY 01, SSA established contracts with two additional adoption agencies to provide services for children who are legally free including recruitment, home studies, and placement of children.

private partnerships to increase completion of home studies.

SSA should include in published reports on adoption, an analysis of the children adopted including at a minimum: age at entry, gender, race/ethnicity, disabilities, and time in care.

DHR, CRBC, the Judiciary, the Office of Children, Youth and Families, and the private sector should develop a comprehensive plan to evaluate and address issues listed in 7.1 – 7.3.

Resources and Services to Teenagers

system;

care.

Issue: 23% of the children in out-of-home placement are 15 years of age and older, and this population is expected to increase. Older teens are less likely to be placed in a stable environment that provides skills for independent living.

8. Design and implement an on-going evaluation process of the long-term outcomes from the Independent Living Program.

In November 2001, representatives from CRBC's State Board and the Administrator met with Secretary Emelda P. Johnson and proposed a study be conducted to evaluate the long-term outcomes of a spectrum of child welfare services.

CRBC will request another meeting with the Secretary of the Department of Human Resources to discuss the proposal in detail.

ISSUES AND RECOMMENDATIONS FROM CRBC'S 1999 ANNUAL REPORT

PROGRESS ON 1999 RECOMMENDATIONS THROUGH FEBRUARY 2002

RECOMMENDED FOLLOW-UP ACTIVITIES FOR FY 2002 AND 2003

- 9. Include in annual report of the Independent Living Preparation Program:
 - an analysis of the eligible children who were not in the program and the reason these children were not served. Compare this group with children who are served by the Independent Living Program;
 - efforts to recruit foster homes; and
 - a description of training provided to social workers related to independent living skills.

The out-of-home placement population is getting older as shown in Exhibits III and IV of this report. SSA also documented the aging of the population in its December 2001 report to the Maryland Department of Legislative Services. Exhibit VI of this report also documents that when older children enter care they are more likely to exit placement through independent living.

According to SSA's 2001 Annual Report, 1,569 youth received independent living services during FY 01. Fifty-three percent of these youth had at least one documented special need including physical, emotional, or learning disabilities and/or substance abuse. The report describes some services provided but does not link the services with a profile of the recipients (e.g.; gender, age, disabilities, abilities, time in care and permanency plan).

Included in the John H. Chaffee Independence Program FY 2001 Application, is a description of the training in independent living services for child welfare staff of the local departments of social services, group home staff, kinship care providers, legal community, and other stakeholders.

SSA's 20002 report and/or other published reports on the Independent Living Program should provide a statistical profile of eligible youth and services that they received. Reasons why eligible youth were not provided independent living services should also be discussed.

ISSUES AND RECOMMENDATIONS FROM CRBC'S 1999 ANNUAL REPORT

PROGRESS ON 1999 RECOMMENDATIONS THROUGH FEBRUARY 2002

RECOMMENDED FOLLOW-UP ACTIVITIES FOR FY 2002 AND 2003

Re-entries into Out-of-Home Placement

Issue: 29% of the entries into placement during FY 99 were re-entries with 8% having at least two prior episodes.

- DHR should commission a high-level study of reunified families to assess the quality of aftercare services and the well-being of children one year after reunification.
- CRBC has initiated preliminary discussions on this topic with Secretary Johnson of DHR. See 8 above.

CRBC will request another meeting with the Secretary of the Department of Human Resources to discuss the proposal in detail.

Case Management

Issue: Despite HB 1133, it is still very difficult to attract qualified people to casework. While the pay is better, high caseloads and working under stressful conditions are still disincentives.

11. The Department of Human Resources and the Department of Budget and Management should find a way to pay newly-recruited caseworkers and supervisors for prior experience.

The State's hiring freeze has forced attention away from this issue. The primary personnel issue is ensuring that there are adequate and qualified case workers and supervisors to protect the safety, well-being, and permanence for Maryland's children.

12. Improve linkages with schools of social work and other related human services fields to encourage and prepare students to work with these unique populations.

See above

Issue: Children in out-of-home placement, their families, and their communities represent diverse populations. Knowledge and respect for cultural differences may help to development permanency plans that acknowledge strengths and integrate these strengths into strategies.

13. The Department of Human Resources should develop a policy that all caseworkers and their supervisors shall have training on cultural sensitivity and competency at least every three years.

SSA in partnership with the University of Maryland has developed a training program for staff, which includes cultural competency.

SSA's 2002 Annual Report should include a report on the progress of the cultural competency training for staff.

ISSUES AND RECOMMENDATIONS FROM CRBC'S 1999 ANNUAL REPORT	PROGRESS ON 1999 RECOMMENDATIONS THROUGH FEBRUARY 2002	RECOMMENDED FOLLOW-UP ACTIVITIES FOR FY 2002 AND 2003
	SSA's 2002 –2004 Child Welfare Strategic Plan includes as a strategy "Training funding is secured to address cultural competency issues and ensure staff are trained effectively to help many different ethnic groups, languages and cultures (local/regional specificity) by October 2000/Janaury 2004."	
Issue: High caseloads and time consuming work a of permanency plans.	activities caused by a lack of automation	result in delays in the development and achievement
14. The Department of Human Resources should focus attention on available data management resources and reduce the percentage of cases with omissions and/or errors.	Implementation of Maryland CHESSIE is proceeding, which will automate and coordinate many manual and repetitive tasks performed by child welfare workers. SSA uses the Child Welfare and Adult Services Performance System (CAPS) to evaluate the LDSS' compliance with documentation on services provided. Advocates for Children and Youth published an independent analysis of CAPS data. SSA included a summary of CAPS by jurisdiction in its 2001 Annual Report. For the first time, CRBC and SSA, working together, were able to document court or administrative reviews in over 90% of cases. Baltimore City DSS vastly improved its reporting of court reviews.	SSA should collaborate with child advocates and local department staff to strengthen the CAPS system and clarify its constraints and limitations.

ISSUES AND RECOMMENDATIONS FROM CRBC'S 1999 ANNUAL REPORT

PROGRESS ON 1999 RECOMMENDATIONS THROUGH FEBRUARY 2002

RECOMMENDED FOLLOW-UP ACTIVITIES FOR FY 2002 AND 2003

Issue: The five-year federal demonstration projects work with a limited number of children and their families to test services and initiatives.

They may produce unintended consequences such as providing different levels of services to siblings if one is in the project and others are not.

15. The Department of Human Resources should discuss in annual reports on the demonstration projects provisions that are made to ensure that the projects do not contribute to family disruption between siblings.	This issue was not discussed in DHR/SSA 2001 Annual Report.	SSA and CRBC should jointly investigate the extent to which the demonstration projects have resulted in family disruption between siblings in publish findings in respective 2002 annual reports. Any future demonstration projects or expansion efforts should include provisions to eliminate sibling disruption.	
16. The U. S. Department of Health and Human Services should determine at what point evidence is sufficient so that services provided in the waiver projects should be universally available.	See Recommendation 6	CRBC will approach Representative Cardin to discuss this issue.	

ASFA Related Outcomes

Issue: ASFA and HB 1093 have introduced measurements to promote safety, well-being and permanency for children in out-of-home placements. Changes needed to achieve these state and federal mandates will require collaborative efforts between DHR/SSA, CRBC, the judicial system, private child welfare agencies, and communities.

- 17. The Social Services Administration under the direction of the Department of Human Resources, should develop a strategic plan with CRBC and the judicial system to monitor progress towards achieving the child welfare outcomes and measurements established by the Department of Health and Human Services (DHHS). Jointly collaborate on:
 - 17.1. The meaning of terms such as "safety" and "well-being";

Recently SSA has adopted the federal outcome measures shown in Exhibit I that may penalize local departments for achieving permanence for children who have remained in care for longer than 12 or 24 months.

CRBC and SSA share similar goals and objectives related to child welfare outcomes established by USDHHS. Since September 2001, joint quarterly meeting have been held to monitor these and other objectives. This Annual Report includes measurements that are defined and/or monitored differently by CRBC and SSA including re-entry rate,

SSA should adopt complementary measures that more accurately reflect the complex objectives facing child welfare staff, See Section I.

Joint quarterly meetings between CRBC and SSA should also include representatives from the legal community.

CRBC's 2001 Annual Report shows the four largest jurisdictions (especially Baltimore City) will influence state-wide child welfare outcomes. It is recommended that SSA's annual reports and other documents that publish child welfare outcomes

ISSUES AND RECOMMENDATIONS FROM CRBC'S 1999 ANNUAL REPORT

PROGRESS ON 1999 RECOMMENDATIONS THROUGH FEBRUARY 2002

RECOMMENDED FOLLOW-UP ACTIVITIES FOR FY 2002 AND 2003

- 17.2. How to resolve issues related to TPR and the waiver of reunification;
- 17.3. The priority for addressing and achieving objectives established by USDHHS; and
- 17.4. A plan for communicating policy, procedures, and progress to casework staff, caregivers, reviewers, and legal system personnel.

definition of entry into out-of-home placement, and methods to measure length of stay. This may limit the ability to publish consistent findings on program and federal measures. However, the joint meetings have assisted in identifying priorities and establishing collaborative projects to address similar issues, barriers, goals, and objectives.

"Strategic Communications" is one of the five initiative areas in SSA's 2002-2004 Strategic Plan. Strategies include the use multiple print, broadcast, and on-line media to effectively communicate with child welfare advocates and the public.

report results at both a state-wide and jurisdictional level or at least report Baltimore City's outcomes separately.

SSA should publish a report evaluating the effectiveness of the strategic communication plan in its 2003 annual report.

Community Relations

Issue: Children live in communities and the communities will develop their own definitions of safety and well-being for children. The Family-to-Family program has demonstrated that community involvement has the ability to mobilize the community to support children and their families. Communities must be provided information, assistance, and an invitation to participate in child advocacy activities.

18. The local departments of social services should develop, implement, and/or evaluate a public awareness plan to update community residents and other child-focused agencies and organizations on issues related to children in out-of-home placements. Include at a minimum public and private school systems; recreational and social programs; health programs; and law enforcement.

"Integrated Program Services" is one of SSA's initiative areas in its 2002-2004 Strategic Plan. One strategy is "Each jurisdiction has an integrated service delivery strategy that includes community input and addresses prevention, children in Independent Living, kinship families, adoption, and children that are difficult to place by July 2002." Also under this initiative area, the Family to Family Program is expected to be implemented in each jurisdiction by July 2003.

SSA should report on progress of this initiative in its 2002 and 2003 annual reports including an evaluation of effectiveness.

ISSUES AND RECOMMENDATIONS FROM
CRBC'S 1999 ANNUAL REPORT

PROGRESS ON 1999 RECOMMENDATIONS THROUGH FEBRUARY 2002

RECOMMENDED FOLLOW-UP ACTIVITIES FOR FY 2002 AND 2003

Caseload Reductions Issue: Plans to reduce caseloads to levels recommended by the Child Welfare League of America have not been implemented.					
 The General Assembly should hold a public hearing after receiving a scheduled joint report from DHR and the Department of Budget and Management on August 1, 2000. 	A hearing was held on June 20, 2000. Budget language requiring full compliance with CWLA caseload standard was included in FY 2002 budget.				
20. The Governor should assure that funds are included in the budget plan for fiscal year 2002 to fully implement caseload reduction.	The Governor requested funds for 109 caseworkers and stated that this meets half of the need. The Governor requested additional positions for FY 2003; however, many positions are frozen, and the 2003 positions appear to be unfunded.	The Governor should exempt child welfare positions from the hiring freeze, as he did other safety-related jobs. Critical services such as after care and foster parent services were not included in the calculation. CRBC recommends these services be included in the formula.			
<u>Judicial Workloads</u> Issue: The TPR and adoption processes are delayed by high judicial caseloads.					
21. The budget committees of the General Assembly should request information from the Judiciary on delays in the TPR and adoption and should assess the need for additional masters, judges, and support staff.	The requested report was filed; however, it did not adequately address judicial workloads.	Chief Judge Bell should request sufficient resources in the 2004 budget to eliminate delays in TPR and adoption.			

SUMMARY OF PROGRESS ON 1999 RECOMMENDATIONS

Section I "A Profile of Maryland's Children in Out-of-Home Placement" illustrates that CRBC's 1999 recommendations to improve safety, well-being, and permanence for Maryland's children remain very relevant. Issues such as parental substance abuse and lack of resources to expeditiously finalize adoptions continue to present critical barriers in the permanency planning process. The impact of a jurisdiction's population, resources, and child welfare policies and practices will also impact the permanency planning process.

Maryland is making progress towards achieving its child welfare goals. Entries, re-entries, and total out-of-home population continued to decline. Finalized adoptions increased dramatically. SSA and CRBC use different methods to measure re-entry rates, length of stay, and other child welfare activities. Although these differences may result in statistical discrepancies, both agencies agree on the broad trend lines.

Section II "CRBC's Legislative and Advocacy Recommendations" highlights the many proposed and planned programs and activities to improve child welfare outcomes in Maryland. There are consistent themes throughout this section.

- Strategic planning activities have involved a broad spectrum of stakeholders, and will benefit from expanded partnerships including parents and guardians.
- Staff and caregiver training are being incorporated as a core component of SSA's strategic plans. Staff training is needed in other areas including training to effectively implement HB7/SB 671.
- Development and dissemination of policies and procedures to all stakeholders need aggressive implementation.
- Published reports on child welfare outcomes must be data-driven and results-oriented.
 These results must be communicated to the entire child welfare community, including front line staff.
- A comprehensive approach must be used to address the complex issues related to improving safety, well-being and permanency for children. For example, plans of adoption will not be expeditiously achieved without necessary legal and adoptive resources.

This report concurs with the guiding principle established in the federal <u>Child Welfare</u> <u>Outcomes 1998 Report</u> that states child welfare outcomes cannot be linked exclusively to the operations of the child welfare agency. Section II identifies a variety of other stakeholders that must be included in improving child welfare outcomes including legislators, judiciary, mental health community, parents, guardians/caregivers, and the general community.

CRBC's 2002 Annual Report will provide a final update on progress towards achieving its 1999 recommendations.

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CHILD WELFARE WEBSITES

•	Advocates for Children and Youth	http://www.acy.org/
•	American Academy of Pediatrics for Maryland	http://www.mdaap.org/
•	Annie E. Casey Foundation	http://www.aecf.org/
•	Arizona Foster Care Review Board	http://www.supreme.state.az.us/fcrb/
•	Center on Budget and Policy Priorities	http://www.cbpp.org/
•	Child Welfare League of America	http://www.cwla.org/
•	Children's' Defense Fund	http://www.childrensdefensefund.org/
•	Citizens' Review Board for Children	http://www.dhr.state.md.us/crbc
•	Community Organizations in	http://www.somd.lib.md.
•	Department of Health and Mental Hygiene	http://www.dhmh.state.md.us/
•	Department of Human Resources	http://www.dhr.state.md.us/
•	MARFY http://marfy.myassociation.com/my/shared/home.jsp	
•	Maryland CASA	http://www.marylandcasa.org/whatwedo.htn
•	Maryland Electronic Capitol	http://www.mec.state.md.us/
•	Maryland General Assembly	http://mlis.state.md.us/
•	Maryland Governor	http://www.gov.state.md.us/
•	Maryland Kids' Page http://www.sos.state.md.us/sos/kids/html/kidhome.html	
•	Maryland Office for Children, Youth & Families	http://www.ocyf.state.md.us/index0.htm
•	National Association of Child Advocates	http://www.childadvocacy.org/
•	National Center on Children in Poverty	http://cpmcnet.columbia.edu/dept/nccp
•	New Mexico Citizen Review Board	http://www.nmcrb.org/
•	SAILOR: Maryland's Public Information Network	http://www.sailor.lib.md.us/
•	Self-Help On Rural Economics & Urban Problem	http://www.shoreup.org/

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